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INDICATION FORM**

Application Number	10/717,617
Filing Date	20 Nov. 2003 (11/20/2003)
First Named Inventor	CHU, XI
Title	Prosthetic Valves and Methods of Mfg
Art Unit	3738
Examiner Name	ISABELLA, David J.
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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50,117

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Name	Registration Number

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I am the:

☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.74(b) is enclosed. (Form PTO/SB/99)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Xi Chu</i>	Date	11-20-2003
Name	Xi Chu	Telephone	662 827 0265
Title and Company			

NOTE: Signatures of all the inventor(s) or assignee of record of this entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see "Notes".

☒ *Total of 1 forms are submitted.

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